



Massachusetts Department of Environmental Protection
Underground Storage Tank Program

Form UST FP-290

Notification for Underground Storage Tanks Regulated Under 527 CMR 9.00

Forward completed form to:

MassDEP

Bureau of Waste Prevention UST Program

Contact:

MassDEP Bureau of Waste
Prevention UST Program

State Use Only

A. Facility Number _____

B. Date Entered _____

C. Clerks Initials _____

D. Comments

☐ A. New Facility (see instructions. #1) ☐ B. Amended

INSTRUCTIONS: Form FP-290 (Notification for Underground Storage Tanks) is to be completed for each location containing underground storage tanks regulated under 527 CMR 9.00. If more than five tanks are owned at this location, photocopy the following pages and staple continuation sheets to the form. The FP-290 must be completed in duplicate. Although the form may be photocopied, the facility owner or owner's representative must **sign each copy separately**; photocopied signatures are not sufficient. The local fire department will issue the permit portion of the FP-290, however, registration is not complete until the FP-290 is received and checked by the Underground Storage Tank Program. All questions on this form are to be answered. Incomplete forms will be returned.

1 "New Facility" means a tank or tanks located at a site where tanks have not been previously located.

2 "Facility street address" must include both a street number and a street name. Post office box numbers are not acceptable and will cause a registration to be returned. If geographic location of facility is not provided, please indicate distance and direction from closest intersection, e.g., (facility at 199 North Street is located) **400 yards southeast of Commons Road** (intersection).

General information

Notification Required

MassDEP UST Form FP-290 is to be used as Notification, Registration, and Permit for underground storage tanks and tank facilities regulated under 527 Code of Massachusetts Regulations 9.00. No regulated underground storage tank facility shall be installed, maintained, replaced substantially modified or removed without a permit (FP- 290) issued by the head of the local fire department. The owner of any storage facility shall within seven working days notify the head of the local fire department and the Dept. of Environmental Protection of any change in the name, address or telephone number of the owner or operator of a storage facility subject to regulation by Chapter 148, Mass. General Law and by 527 CMR 9.00.

Underground Storage Tanks

Each owner of an underground tank first put into operation on or after Jan. 1, 1991, shall, within thirty days after the tank is first put into operation, notify the Department of Environmental Protection (the department) of the existence of such tank, specifying, to the extent known, the owner of the tank, date of installation, capacity, type, location, and uses of such tank. By no later than Jan. 31, 1991, each owner of an underground storage tank that was in operation at any time after Jan. 1, 1974, regardless of whether or not such tank was removed from beneath the surface of the ground at any time, shall notify the department of the existence of such tank, specifying, to the extent known, the owner of the tank, date of installation, capacity, type, location of the tank, and the type and quantity of substances stored in such tank, or which were stored in such tank before the tank ceased being in operation if the tank was removed from beneath the surface of the ground prior to the submittal of such notice to the department. Such notice shall also specify, to the extent known, the date the tank was removed from beneath the surface of the ground prior to the submittal of such notice to the department. The operator of any tank that has no owner or whose owner cannot be definitely ascertained, shall notify the department of the existence of such tank, specifying, to the extent known, any information relating to ownership of the tank, and date of installation, capacity, type, and location of the tank, and the type and quantity of

substances stored in such tank, or which were stored in such tank before the tank ceased being in operation if the tank was removed from beneath the surface of the ground prior to the submittal of such notice to the department. If the tank was abandoned beneath the surface of the ground prior to the submittal of such notice to the department, such notice shall also specify, to the extent known to the owner or operator, the date the tank was abandoned in the ground and all methods used to stabilize the tank after the tank ceased being in operation.

Exception: (a) a farm or residential tank of 1,000 gallons or less capacity used for storing motor fuel for noncommercial purposes, or **(b) a tank used for storing heating oil for consumptive use on the premises where stored are not required to be registered under 527 CMR 9.00.**

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$25,000 for each tank for which notification is not given or for which false information is submitted. (MGL Chapter 148, section 38H, 527 CMR 9.00)

Where to Notify? Two completed notification forms should both be signed by the tank owner. One copy will be provided to the fire department and the tank owner shall send a separate copy to the address at the top of this page.

When to Notify? 1. Owners of storage tanks in use or that have been taken out of operation must notify within thirty days.

Owners and Operators of Regulated Storage tank Systems must maintain records certifying that all leak detection, inventory control and tightness testing requirements for the Regulated Storage Tank System are current. These records must be readily available for inspection.

I. Ownership of tanks

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Street Address

Mailing Address (if different from street address)

City MA
State Zip Code

County

Phone Number (Include Area Code) Owner's Employer Federal ID#

II. Location of Tanks

Give the geographic location of tanks by degree, minutes, and seconds.
Example: Lat. 42, 36, 12 N Long. 85 24, 17 W

Latitude

Longitude

Distance and direction from closest intersection (see instructions #2)

Facility Name or Company Site Identifier , as applicable

Street Address (P.O. Box not acceptable – see instructions #2)

City MA
State Zip Code

County



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III. Type of Owner

- ☐ Federal Government
☐ State Government
☐ Local Government

- ☐ Commercial (storage and sale)
☐ Private (storage and use)

IV. Indian Lands

- ☐ Tanks are located on land within an Indian reservation or on other trust lands
☐ Tanks are owned by native American nation, tribe or individual

V. Type of Facility

Select the Appropriate Facility Description: (check all that apply)

- ☐ Gas Station
☐ Petroleum Distributor
☐ Airport
☐ Aircraft Owner
☐ Vehicle Dealership

- ☐ Marina
☐ Railroad
☐ Federal - Military
☐ Industrial
☐ Contractor

- ☐ Trucking/Transport
☐ Utilities
☐ Residential
☐ Farm
☐ Other: _____
Explain

VI. Contact Person in Charge of Tanks

Name _____

Job Title _____

Address: _____

Phone Number (include area code) _____

Home _____

Business _____

VII. Financial Responsibility

☐ I have met the financial responsibility requirements in accordance with 527 CMR 9.00

Check all that apply:

- ☐ Self Insurance
☐ Commercial Insurance
☐ Risk Retention Group

- ☐ Guarantee
☐ Surety Bond
☐ State Fund

- ☐ Letter of Credit
☐ Trust Fund
☐ Other Method Allowed- _____
Explain

Provide policy information, certificate of compliance information or other verification. _____

VIII. Environmental Site Information

This information should be available from local health agent, conservation commission, or planning department.

1. Tank site located in wellhead protection area ☐ Yes ☐ No
2. Tank site located in surface drinking water supply protection area ☐ Yes ☐ No
3. Tank site located within 100 feet of a wetland ☐ Yes ☐ No
4. Tank site located within 300 feet of a stream or water body ☐ Yes ☐ No

IX. Description of Storage Tanks and Piping (complete for each tank at this location)

Tank identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
1. Tank Status					
a. Tank mfr's serial # (if known)	_____	_____	_____	_____	_____
b. Currently in Use	_____	_____	_____	_____	_____
c. Temporarily Out of Use (start date)	_____	_____	_____	_____	_____
d. Permanently Out of Use (start date)	_____	_____	_____	_____	_____
e. Underground Storage Tank (UST)	_____	_____	_____	_____	_____
2. Date of Installation (MM/DD/YYYY)	_____	_____	_____	_____	_____
3. Estimated Total Capacity (gallons)	_____	_____	_____	_____	_____



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Tank identification Number (cont.)	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
4. Substance Currently or Last Stored					
a. Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
motor vehicle or other use	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> Other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> Other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> Other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> Other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> Other
b. Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
motor vehicle or other use	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> Other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> Other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> Other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> Other	<input type="checkbox"/> MV <input type="checkbox"/> Marina <input type="checkbox"/> Other
c. Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fuel Oil*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Consumptive Use Tanks need not be registered. *Consumptive Use fuel used exclusively for area heating and/or hot water.					
e. Waste Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other, Please specify	_____	_____	_____	_____	_____
Hazardous Substance (other than 4a thru 4e above)	_____	_____	_____	_____	_____
CERCLA name and/or	_____	_____	_____	_____	_____
CAS Number	_____	_____	_____	_____	_____
Mixture of Substances (Please specify)	_____	_____	_____	_____	_____
5. Material of Construction - Tank (mark only one)					
Bare Steel (includes asphalt, galvanized and epoxy coated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically protected steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (steel with fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic (FRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	_____	_____	_____
Please Specify					
6. Type of Construction - Tank (mark only one)					
Single Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	_____	_____	_____
Please Specify					
Is tank lined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does tank have excavation liner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Tank identification Number (cont.)	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
7. Material of Construction - Piping (mark only one)					
Bare Steel (includes asphalt, galvanized and epoxy coated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically protected steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass reinforced plastic (FRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Please Specify	_____	_____	_____	_____	_____
8. Type of Construction - Piping (mark only one)					
Single Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Please Specify	_____	_____	_____	_____	_____
Has piping been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is piping gravity feed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date	_____	_____	_____	_____	_____
X. Installation Compliance					
1. Installation					
a. Installers certified by tank and piping manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Installer Certified or Licensed by the implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Installation inspected by a registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Installation inspected and approved by the implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Manufacturers installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Another method allowed by 527 CMR 9.00. Please Specify	_____	_____	_____	_____	_____
2. Tank Leak Detection (mark only one)	Tank	Tank	Tank	Tank	Tank
a. Double-wall tank – Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Approved in-tank Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Soil Vapor monitoring (check one below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Monthly <input type="checkbox"/> Continuous					
e. Other method allowed by 527 CMR 9.00. Please specify	_____	_____	_____	_____	_____



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Tank identification Number (cont.)	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____					
3. Piping leak detection (mark only one)	Piping	Piping	Piping	Piping	Piping					
A. Pressurized										
a. Interstitial space monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
b. Product line leak detector (mark all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> Automatic flow restrictor*										
<input type="checkbox"/> Automatic shut-off device*										
<input type="checkbox"/> Continuous alarm*										
* Also requires annual test of device and piping tightness test or monthly vapor monitoring of soil.										
B. Suction: Check valve at tank only (requires interstitial space monitor or line tightness test every three years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> Interstitial space monitor										
<input type="checkbox"/> Line tightness test										
C. Suction: Check valve at dispenser only (no monitor required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. Other method allowed by 527 CMR 9.00. Please specify	_____	_____	_____	_____	_____					
4. Date of last tightness test (tank &piping)	_____	_____	_____	_____	_____					
5. Gravity feed piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6. Spill containment and overfill protection										
A. Spill containment device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Overfill prevention device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
7. Daily Inventory Control (mark only one)										
A. Manual gauging by stick and records reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Mechanical tank gauge and records reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Automatic gauging system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
8. Cathodic Protection (if applicable)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
A. Sacrificial anode type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. date of last test	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Date of last third party inspection (MM/DD/YYYY) _____

XI. Certification (read and sign after completing all sections)

NOTE: Both the copy being sent to the Dept. of Environmental Protection and the copy forwarded to the local fire department must be signed separately. A photocopied signature will not be accepted on either document.

I declare under penalty of perjury that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner's authorized representative :

Name _____	Official Title _____	Signature _____	Date _____
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